

Hearing and Audiology FAQ

FAQs compiled from the Hearing and Audiology Presentation held October 11, 2022.

Question: If a third-party billing service (i.e., clearing house) is used for billing can they submit claims directly to CHAMPS?

Answer: Yes, Providers have the choice to submit Medicaid claims through their clearing house or to CHAMPS directly.

Question: Is there a way to check and see the last time a beneficiary received hearing aids so a provider can verify it's been over five years?

Answer: Providers can only check for hearing aids with their billing NPI within CHAMPS. Providers are also able to contact Prior Authorization and explain the situation and ask if a PA is required in order to provide a hearing aid for the beneficiary, they will let you know if a PA is required due to it being outside of the allowable frequency.

Question: Why can't a provider bill the dispensing fee on the same date of service as the delivered earmolds?

Answer: Currently, this is the policy per the Medicaid provider manual. However, a new proposed policy regarding dispensing fees has been posted for public comment on the [MDHHS Proposed Policy Webpage](#). Under [2240 – Hearing](#).

Question: Where are the authorized CSHCS diagnosis codes listed for a specific beneficiary?

Answer: If a provider is an authorized CSHCS provider for a beneficiary the provider will be able to see the qualifying diagnosis within the member's CHAMPS eligibility, and the provider would have also received an approval letter through the document management portal listing the CSHCS qualifying diagnosis code.

Question: For earmolds, supposedly it changed to having a certain amount in a year, but I am being denied if I do not wait a certain amount of time. For example, if the patient is eligible for two sets a year, I am being denied if I do not wait exactly six months between billings.

Answer: The limit for ear molds, procedure code V5264, is 2 per 12 months for ages 3 – 21 years, first date of service, same billing provider. This code must be billed every 6 months, providers cannot bill prior to the 6 months, or the claim(s) will deny.

Question: For new staff members that do not have CHAMPS access, is there training available for new staff in CHAMPS? How does one apply for CHAMPS access?

Answer: The domain administrator within your office will need to give you CHAMPS access. The domain administrator is the one that completed the Medicaid enrollment within CHAMPS. There are CHAMPS trainings available on the [Michigan Medicaid Providers website](#) select CHAMPS >> review the [CHAMPS Overview](#) webpage and [Register for MILogin Account for Access to CHAMPS](#) webpage.

Question: Some screens in CHAMPS will not pop up?

Answer: Some providers may need to verify within their computers' browser settings that pop-up blockers are turned off in order to see the pop-ups within CHAMPS.

Question: How can providers attach documents to a claim?

Answer: Documents can be attached through the Document Management Portal or DMP. The link to the DMP resource is [Document Management Portal \(michigan.gov\)](https://michigan.gov/documentmanagementportal)

Question: Medicare does not cover hearing aids and does not allow providers to bill for an explanation of benefits (EOB) should a GY modifier be used when billing Medicaid directly?

Answer: If it is a non-Medicare benefit providers may use the GY modifier when billing to MDHHS.

Question: Are providers still required to enter a serial number and warranty dates for hearing aid repairs?

Answer: Yes, it is still required. Please check the [Michigan Medicaid Provider Manual](#) for more information regarding specific device documentation requirements.